AMENDED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90232 015 ***150.00
P01000110737

FILED
06 MAY 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400084906

01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000110737

1. Entity Name
HEART CENTER DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
2496 CARING WAY PORT CHARLOTTE, FL 33952	2496 CARING WAY PORT CHARLOTTE, FL 33952
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1155815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: DAVID A. HOLMES, ESQ.
Street Address (P.O. Box Number is Not Acceptable): FARR LAW FIRM
99 NESBIT STREET
City: PUNTA GORDA FL Zip Code 33950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HOWARD, VICTOR N	
STREET ADDRESS	4611 GRASSY POINT BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	V	☒ Delete
NAME	HOTCHKISS, DAVID	
STREET ADDRESS	21351 HARBORSIDE BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS	8/5/25	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Victor Howard 2/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VICTOR N. HOWARD, DIRECTOR